

POC accepted  
3/31/08  
B. Canavan, MD  
Letter to Admin

PRINTED: 03/21/2008  
FORM APPROVED

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>NVS3351ASC</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>03/18/2008</b>
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NAME OF PROVIDER OR SUPPLIER  <b>SPECIALTY SURGICARE OF LAS VEGAS, LP</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>7250 CATHEDRAL ROCK LAS VEGAS, NV 89128</b>
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
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A 00	<b>INITIAL COMMENTS</b>  This Statement of Deficiencies was generated as the result of a focused state licensure survey conducted at your facility on 3/18/08.  The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions, or other claims for relief that may be available to any party under the applicable federal, state, or local laws.  The state licensure survey was conducted in accordance with Chapter 449, Surgical Centers for Ambulatory Patients.	A 00		
A154	<b>NAC 449.9895 Sterilization</b>  4. The efficiency of the method of sterilization used must be checked not less frequently than once each month by bacteriological tests. Records of the results of these tests must be maintained by the center for at least 1 year. This Regulation is not met as evidenced by: Based on interviews and policy review on 3/18/08, it was determined that the facility failed to document bacteriological tests.  Findings include:  Review of the policy titled "Cold Sterilization of Instruments" revealed under Procedure B the following:  "During reuse, Cidex OPA solution will be tested with Cidex OPA test strips prior to each day's usage, and the results recorded on appropriate log."  An interview with the Operating Room Manager	A154	<i>SPECIALTY Surgery Center has implemented a "CIDEX OPA CONTAINER LOG". During Reuse, Cidex OPA solution will be tested with Cidex OPA test strips prior to each use, AND the results RECORDED on the CIDEX OPA CONTAINER log. All operating room staff will be INSTRUCTED on the use AND location of the Cidex OPA CONTAINER log during the MARCH 27 2008 staff meeting. The sterile processing technician will ASSUME responsibility FOR MONITORING correct usage of the log with oversight by the operating room manager who will MAINTAIN</i>	<i>3/27/08</i>

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies. *ultimate responsibility*

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Mary Foley, Administrator</i>	TITLE <i>Administrator</i>	(X6) DATE <i>3-25-08</i>
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STATE FORM

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If continuation sheet 1 of 2

MAR 28 2008

BUREAU OF LICENSURE  
AND CERTIFICATION  
CARSON CITY, NEVADA

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>NVS3351ASC</b>		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>03/18/2008</b>	
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A154	Continued From page 1  on 3/18/08 at 3:30 PM, revealed that the facility used Cidex OPA on occasion and that the solution was tested prior to its use. The facility was unable to provide a log that ensured the testing was conducted.  Severity: 1 Scope: 2			A154			

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